



# Department of Education Students Channel – Aid Awareness Conference Evaluation

Conference Name: \_\_\_\_\_

Date(s) of the Event: \_\_\_\_\_

Location: \_\_\_\_\_

Highest Number of Participants: \_\_\_\_\_

Lowest Number of Participants: \_\_\_\_\_

Conference Point of Contact: \_\_\_\_\_

Phone/Email/Fax: \_\_\_\_\_

Total Estimated Cost / Actual Cost: \_\_\_\_\_

Please provide a brief summary/purpose of the conference.

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Please check the response that best describes how you would rate the conference.

	Excellent	Good	Average	Poor
1. Conference site/location	[ ]	[ ]	[ ]	[ ]
2. Conference topics	[ ]	[ ]	[ ]	[ ]
3. Speakers and presenters	[ ]	[ ]	[ ]	[ ]
4. Special events	[ ]	[ ]	[ ]	[ ]
5. Conference registration process	[ ]	[ ]	[ ]	[ ]
6. Clarity of conference purpose	[ ]	[ ]	[ ]	[ ]
7. Conference participation/attendance	[ ]	[ ]	[ ]	[ ]



**Department of Education  
Students Channel – Aid Awareness  
Conference Evaluation**

**What were the strengths of the conference?**

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**What could be improved about the conference?**

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**Should SAA participate in this conference again?**

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**Contacts made:**

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**Additional comments:**

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